



TOWN OF FREDERICK

401 LOCUST STREET • P.O. BOX 435 • FREDERICK, CO 80530-0435
PHONE: (303) 833-2388 • FAX: (303) 833-3817

GENERAL BUSINESS LICENSE APPLICATION

1. Type of Ownership: _____ Individual _____ Partnership _____ Corporation
_____ Club _____ Other (please describe) _____
2. State Sales Tax I.D.: _____
3. Is this a home based business? _____ Yes _____ No
4. Owner Name: _____
5. Owner Address: _____
6. Trade Name (DBA): _____
7. Location of Business _____
Street Address City State Zip
8. Mailing Address: _____
Street Address City State Zip
9. Phone No. _____ Fax No. _____
10. What is the Zoning of your Business location? _____
11. Type of Business: _____ Retail _____ Manufacturing _____ Service _____ Wholesale Trade
_____ Trade Construction _____ Other (please describe) _____
12. What is your main business? _____
13. Number of Employees: _____ Full Time _____ Part Time

I declare under penalty of perjury in the second degree that the statements made in this questionnaire are true and complete to the best of my knowledge.

Authorized Signature: _____ Date: _____
Printed Name: _____ Title: _____

Proof of liability insurance and (if you have employees) Workers Compensation insurance, must be submitted at time of application.

If NO employees, please sign below:

Signature: _____ Date: _____

PROOF OF LIABILITY AND WORKMAN'S COMPENSATION INSURANCE MUST ACCOMPANY THIS APPLICATION.

Insurance Company: _____

Name of Agent: _____ Phone: _____

For Office Use Only:

Planning Department _____
License Classification: _____ Fee: \$ _____ Method of Payment: _____ Cash _____ Check # _____

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BUSINESS FILE UPDATE

PLEASE PRINT

Date: _____

Name of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone #: _____

Alarm ☐ YES ☐ NO

Alarm Company: _____

Alarm Company Phone Number: _____

Any particular hazards here? (Please describe) _____

After Hours Contacts:

1. Name: _____

Home Phone #: _____ Cell/Pager #: _____

2. Name: _____

Home Phone #: _____ Cell/Pager #: _____

3. Name: _____

Home Phone #: _____ Cell/Pager #: _____

Agency: Frederick Police Department
333 5th Street – P.O. Box 639
Frederick, CO 80530
(303) 833-2468
Fax # (303) 833-2516

Entered _____

Dispatch Advised _____

**PLEASE COMPLETE AND RETURN TO THE FREDERICK POLICE DEPARTMENT
OR FREDERICK TOWN HALL
BY MAIL OR FAX.
THANK YOU!!**